

ORAL HYGIENE

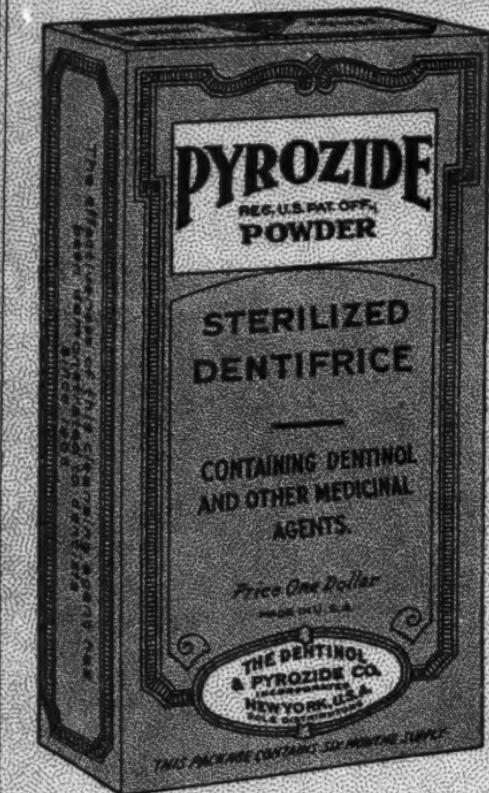
AUGUST
1918



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PROPER
DENTAL
UNIVERSITY OF MICHIGAN
DON'T INFILATE
REMOVE

To stimulate blood circulation—
to reduce gum irritation prescribe



PYROZIDE POWDER

This remedial dentifrice is medicated with Dentinol.

Dentinol promotes healing.

The tooth cleansing and gum hardening properties of Pyrozide Powder are scientifically combined. They produce results that satisfy both dentist and patient.

Prescribe Pyrozide
Powder

Compare Results

FREE SAMPLES COUPON

THE DENTINOL & PYROZIDE CO., Sole Distributors
1480 Broadway, New York City.

O.H.

Please send FREE SAMPLES PYROZIDE POWDER for distribution to patients.

Name _____ D. D. S.

Street _____

City and State _____

The AN

I can use
Free Ser

Name _____

Street _____

City _____

"I want Anacin Regularly - Send in the Coupon"



The Coupon brings you the Free Dispensing Envelope Service with complete directions. State how often you can use 20 envelopes of 2 tablets each.

**Note—Anacin makes drilling easier.
Give the patient one to two tablets before
starting work. It's safe and effective.**

The ANACIN Company, 30 E. Kinzie St., Chicago, Ill.

Send carton of Anacin Dispensing Envelopes

Prescription Pad wanted. Check here

I can use 20 envelopes in my practice every . . . weeks. Please place me on your
Free Service Mailing Schedule.

Name _____

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City _____

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ORAL HYGIENE

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A JOURNAL FOR DENTISTS

EIGHTEENTH YEAR

AUGUST 1928

VOL. 18, No. 8



Drawn for ORAL HYGIENE by Don Herold.

He Called Me

By Bartlett Robinson



"We go out in the evening hoping that we can enjoy a few rubbers of bridge, and we spend some of that evening rubbering at some other poor devil's idea of bridgework."

WE really gotten a lot of "kick" out of the little items ORAL HYGIENE has been kind enough to publish over my signature, and judging from some of the letters I've been receiving from all parts of these wide United States, I may be pardoned for thinking that perhaps I have made a few other dentists do some thinking, and I may even have helped one or two of them a little.

But two or three of the letters have made me see red for a minute or two. One I got just the other day from a dentist in some little town in Pennsylvania that I'd never heard of

until I saw it on the good doctor's letterhead.

He accused me of being an Advertiser. In just those words, brethren, "You're an Advertiser," with a capital "A" and all. When my stenographer came back from her lunch and noon-day movie, I was all set to write that bird a nice hard-boiled letter telling him that I most certainly was not what he thought I was, and I was going to ask him just how he got that way.

But the more I thought it over, the better I thought of not writing him in that spirit at all, so I waited until the next day,

Man "Advertiser"

R. D. S., New York

and then I sat down and dictated a nice letter to him, and asked him just what his idea of an Advertiser, with a capital "A", really was.

And folks, his reply was pathetic. I've never met the chap, and frankly I hope I never do. I'm sure he made me wish I'd studied chiropractic or voodoo or something instead of dentistry.

He wrote me that to be an Advertiser (still with that big "A"), a dentist need not run a lot of stuff in the paper, but he was an advertiser just the same if he went around "looking like a dentist all the time, and bothering people by talking about dentistry every time he had a chance."

That part about "looking like a dentist" worries me. Is it a crime to look like a dentist, and just what does a dentist look like? Should he wear one of those odd little miniature dentures so frequently affected by the freshman student, then he might be accused of looking like something or other, or trying to, but all of you have attended dental meetings, and most of you have probably seen hundreds of dentists, and just what do they look like?

Why they look like just any other cross-section of the great American public, that one might

meet at a gathering of Rotary International, the Shrine, the Knights of Columbus or what have you?

That reminds me of a law suit in which I was an unwilling, though highly interested participant, years ago.

I had made a four-tooth bridge and several inlays for a patient of mine, and when, after three or four months, I mailed him a bill for what I had done, he called up to tell me that I was charging him entirely too much.

As this all happened back in the days before I was making a living in spite of practicing dentistry, I, of course, reduced the bill. He thought it was still too high and it was three or four months more before I heard anything from him at all. But when I did hear, I heard plenty. A shyster lawyer had talked him into suing me, charging me with malpractice. (All lawyers are shysters when they are on the other fellow's side. Funny, but true.)

Now I knew I had done nothing on which that fellow could base a suit, but if you have ever been sued you know what they can accuse a dentist of. Everything.

I was rather lucky. My supply dealer had suggested that I take out malpractice insurance

the day before I opened my office, and I had, for a wonder, listened to him.

The insurance company's lawyer was one of the brightest legal lights I had ever met. (That's funny, too. They always are when they are on your side.)

And the morning of the day set for the trial, he called me up and told me that he wanted to see me before I dressed up to go to court. That sounded rather odd, dressing up to go to court, but when he saw me, he told me that if I expected to win the case, I must look as much like a successful, prosperous practitioner as possible. He said that would make all the difference in the world with the jury. I guess I did it all right, for with the able assistance of that brilliant young attorney, I won my case.

That got me to thinking. If a dentist's personal appearance has so much to do with influencing a cold-blooded jury, what about the influence on his own patients?

I extended it to include my office. I tried to make it look like the kind of an office that I thought a successful, prosperous dentist should have, and I was really surprised to note the pickup in my business.

Now that *is* advertising; it's about the only kind of advertising that an ethical man can do, and I'll never hesitate about admitting that if that constitutes advertising, I'm an advertiser.

Then this business of talking dentistry to your friends. How in the name of all that is good and holy can you keep from it?

We go out in the evening hoping that we can enjoy a few rubbers of bridge, and we spend some of that evening rubbering at some other poor devil's idea of bridgework.

The public is tooth conscious, whatever that may mean. They want to talk about their teeth, as well as about their other troubles. And as they know that we dentists claim to know something about teeth, they talk to us about them.

I'll never forget the queen of all she-bores, an aging damsel I met years ago at a church party. She was doing some sort of settlement work, and she would corner every male she could, and usually, in self defense, he'd give her a check for the little gang of unwashed orphans that she had selected as her job in life.

And just a few years ago, a grateful city unveiled a monument to her, and some of those erstwhile ragged urchins are now occupying positions of trust in her old home town.

Pride in one's vocation is one of life's greatest pleasures. A man who is not somewhat proud of what he feels that he is accomplishing is no fit companion for a pleasant evening. And the fellow who does take pride in what he is doing is certain to speak of it once in a while.

And if that is advertising, count me, then, among 'em.

The Philosophy of a Smile*

By F. H. Nowlin, D.D.S., Oklahoma City,
Oklahoma

THREE is a prevailing opinion that those who have the power to make others laugh and who dare to light temples of wisdom with windows of fun are weak and shallow but I have never been able to fathom such philosophy. I do not believe that a heart of ice is the badge of a mighty brain—I do not believe that a frowning brow is the token of wisdom; the Hand that created the tear gland and the frown also created the smile.

Nations do not suffer when their rulers sincerely smile. The frowns of Caesar made nations quake but the harvest of his frowns were daggers concealed under the cloaks of shuddering Romans, until his own blood dripped from the blade of treason in the Roman capitol.

The Kaiser frowned and the world trembled, but his frowns were his Waterloo and his harvest was the flower of the young manhood of the world, offering their hopes and their lives upon the altars of their countries; thousands sleep today beneath the "Lilies of France," and he



—Anne Shriber

A child's smile

is an exile, the somnambulist—of a shattered dream.

The life of Washington eclipses the glory of Caesar, and the beautiful reign of Queen Victoria outshone the romantic record of Napoleon. I have come to believe that happiness does not always dwell in a mansion, neither does the bubbling soul of laughter and the milk of human kindness flow from the heart of a frowning tyrant.

Where there is no laughter, there is no genuine love, where there is no love, life is a desert of evil, where hope falters, where happiness is crucified—

*From address presented at meeting of Dental Assistants' Association in Oklahoma City.

music is banished from its joyless air and all that lies beyond is a voiceless soul and a starless sky.

Laughter and love, hope and happiness, are the companions of pleasure, the patrons and allies of civilization, the handmaids of religion, the evangelists of God, they are the guardian angels of every Christian home—the guiding star of every nation; they fondle the child in its cradle, they linger with frolicsome youth, they minister to struggling manhood and soothe the pillow of old age.

I would rather be the humblest among those who have given hope to the hopeless and happiness to the distressed, than to live in history as a conqueror. I would rather have my name written among those who have loved their fellow men than to wear the laurels that circle the brow of an "iron prince." When that invisible wing sweeps across my pillows and tired eyelids are drawn like purple curtains over tired eyes and tired arms are folded over my motionless breast, I would rather sleep in some quiet church yard unknown and unnoticed and unremembered, save by those in whose hearts I have scattered

seeds of kindness and upon whose lips I have conjured smiles of joy, than to be confined in a sarcophagus of gold and to forever sleep beneath a wilderness of roses.

There is a mighty stream whose waters are as warm as a summer's day, which flows noiselessly as the sunshine; it crowns the Emerald Isles with the shamrock and the rose, flinging a mantle of perpetual beauty on the vine-clad hills of France. It is the smile of God upon the waters which warms the sea and makes the earth blossom like a rose, it is the symbol of the lives of the men we honor today, who have made this wonderful organization possible, men, whose warm and genial spirits meet and mingle together like the waters of the Gulf Stream and flow on through the cold, troubled waters of life, weaving chaplets of joy for the brow of humanity and crowning our race with happiness, with blessings and with hopes for the future.

It is the bow of promise that spans the future of this wonderful organization and in the vista beyond the Angel of Hope beckons us to a new era of prestige and prosperity.



The Cursed Wisdom Tooth and America*

By Herbert Lackner, D.D.S., Konigsberg, Pa.

HERR FELIX NOTEL had toothache, such absolutely maddening toothache as to distort his rosy apple face in the most awful convulsions and to make his protruding colorless little eyes stare despairingly at the floor. What was he to do? "Out with the beast, of course," so decided his brain—painful experience of many generations.

Herr Notel was no coward—but the worst of it was that one did not sit at home but in this godforsaken New York, among this slangy American people that no decent German, and especially no East Prussian could ever learn to understand properly, when they hissed and mouthed, lisped and swallowed so that the words raced through one's head like red firewheels, and one heard at the end only the cynical "you understand me, I hope," but stood just as dumb as before.

Pee-eeks! went it again from right mandible to ear, from ear to neck, until Herr Notel's index angrily disappeared behind his thick underlip. It was no good! This could go on no longer! To Wall Street, then to

the great dental clinic recommended to him only yesterday by the German-speaking hotel porter. Quick, hat and overcoat, into a taxi, and racing with determined mien and upturned coat collar to the great masters of noble dentistry. Soon one of those gentlemen porters peered from his glass cage with measured restraint.

"Mein Himmel," thought Herr Notel, "I don't want to parley with this one, maybe!" He rushed straight ahead, opened the first door he saw in the long hallway, since he noticed through its small spy window an operating chair upon which squatted an individual, and "I beg your pardon, mister, but—" he began politely, but got no further. The white coated dentist stared at him with incredibly aloof eyes only to hold forth at once with a mass of unintelligible sounds.

Herr Notel, with his gloved index, tore back his right cheek, raging pain distorting his features, but the young dentist merely pressed a button whereupon appeared the gentleman porter who without a word took him under his arm and pushed him into an elevator which deposited him on the first floor of

*From *Correspondenzblatt fuer Zahnärzte*. Translated for ORAL HYGIENE by Charles W. Barton.

the gigantic building in front of a large white double door.

Herr Notel entered, repeated the not to be misinterpreted indication of the seat of his sufferings and decided to play the deaf and dumb so as not to appear foolish. Obediently he seated himself on the torture chair, but no sooner had the steely eyes of the dentist peered into his mouth than he scribbled a few lines on a piece of paper and urged him with a few polite words to get up. "But the tooth," stammered the patient in despair, "I would like you to pull it—the pain—dreadful _____" and then the golden-haired office girl's blue eyes beamed upon him like rays from heaven:

"A German, I see," and then in almost fluent German: "That was but the diagnosis, *mein Herr*, now you go to the special department for root treatments."

Again the purring noise of a subterranean motor, a hidden door flies open and the girl pilots the clumsy stranger into the new realm of helpful science.

"But," groaned Herr Notel, "*bestes Fraulein*, I merely want this aching tooth pulled; downstairs already I asked one of these gentlemen but he said nothing and sent me up here with the porter. I have no time to look over all your special departments."

The girl shook her head without understanding: "Our establishment is the greatest in the whole new world. The most

difficult operations, the most complicated treatments are here carried out according to system. The most important thing of all is system, *lieber Herr*, and specialization, in other words the analysis of all cases into their primary components which can be much more thoroughly treated by those who are especially trained in them."

Crack!—the elevator stopped, Herr Notel also stopped, in front of the half open door of the hallway; the girl, however, led him off to the right. "To root treatments," she insisted, "this here is the department for the restoration of edges and corners in front teeth through porcelain inlays." With a sign Herr Notel suffered himself to be led into the brightly lit operating hall where the girl delivered his diagnostic card, and soon he stood before the competent dentist.

"Please," said the latter and pointed to a low spring chair which soon shot, together with Herr Notel, high up and close under the nose of the thin Englishman. A brief *Ouch* and *Oh*; but the tooth was still in: One is not so radical in America. The chair, however, rolled along the wall—which reminded the surprised Notel of the, oh so far away, Luna Park, of the fairy city of Berlin with the many sweet girls—Whoop! the chair became stuck in the wall. Purring ascended the elevator through the ceiling, and Herr Notel thought of nothing at all

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any more, because what was he to think with his poor, gruff, German brain?

But this time he landed in a dark room where sparks were flying about, and had he not surmised that he was now in an x-ray laboratory he would actually have lost his toothache from sheer fright. He meekly submitted to having the tooth x-rayed, was shot back to the root specialist, and was just about to get used to American ways when the man with the pointed nose, after a pneumatic tube had spat Herr Notel's x-ray film into his hand, said quietly and to the point: "It is a complicated case, my dear sir, I am drilling in vain, you had better take the next airplane to Washington where you have got to go to a specialist for wisdom teeth. These cases we do not treat here."

And before Herr Notel could properly translate to himself the meaning of these words he already heard the familiar noise of the purring elevator. Enraged he opened his mouth in order to give vent to his anger at this godforsaken craziness, but he shut it just as noiselessly, for already he drifted—but not down, away from this hellish building—no: the elevator carried him up through uncounted stories until he landed at last in the very heaven, up on the roof of the skyscraper.

Phewee!—whistled the wind on his sensitive cheek. Pee-eeks!—made the sick wisdom tooth,

and one feverish shiver after the other raced through his shaking body.

"For Washington," cried the braid-adorned attendant into his ear. A droning, rumbling, crashing, . . . Herr Notel, conscious of his impotence, got into the gondola which carried him to his particular compartment in the Air-West-Express.

Half fainting from pain he found himself deposited on the roof of a building resembling the one he had just left, rolled at once into the secret chamber of the wisdom specialist and beheld the latter as he examined a giant card index, heaved books, studied instruments, and at last turned to Herr Notel with measured dignity: "This thing is difficult"—this Herr Notel knew already—"it is case 875 c in my card index and, since it may be of interest to you, I would like to present to you briefly the respective x-rays, diagrams and the especially by me constructed instruments."

At this popular scientific lecture during which the glaring cone of light from a reflector, through which passed a long strip of film, shone right on his face, Herr Notel sank into a twilight sleep manifesting itself outwardly by open mouth and glassy eyes.

But now at last began the longed for treatment. His evident understanding of his own particular case and his frightening condition saved him from the other-

wise usual wandering in an elevator to the special department for local and conductive anesthesia; they accommodated him and ordered one of the members of that department into the room, and then came the mo-

ment—brief, painless—gone was the tooth—also the pain was gone, but also the hard earned dollars were gone: and in New York, instead of going on a good time, one had *now* to go to a nerve specialist.

"Lay Off Booze Question"

Editor ORAL HYGIENE:

The articles of W. I. Jones* and L. S. Koffman† look and sound very much like an effort to introduce the "booze question" into dental ranks. For pity's sake let us not drag this much debated subject into our profession.

Every society, organization or profession that has taken up or had foisted upon it the prohibition question has suffered humiliation and disgrace thereby. It seems to me that we have enough other problems confronting us that are more worthy of our time and consideration as dentists.

I have been in practice eighteen years and previous to the time prohibition became a law I usually had whiskey in my cabinet. Since that time I have not used it, and to be frank the only time I have missed it was when I craved a drink myself.

One of the easiest things in the world to do is the practice of dentistry without whiskey. As far as "bolstering up the patient for the coming ordeal" is concerned I have been led to believe that the proper procedure is to administer some sort of a mild sedative rather than a stimulant previous to operating.

Indianapolis, Ind.

CLYDE W. WEAVER, D.D.S.

**ORAL HYGIENE*, October, 1927, page 1931.

†*ORAL HYGIENE*, March, 1928, page 454.

Reminder

Editor ORAL HYGIENE:

I am enclosing one of the reminder cards which I send my patients every six months. This was returned to me by the patient.

I thought the reply which was typed on the back of the card good enough to be printed in *ORAL HYGIENE*.

Fraternally yours,

Long Beach, Calif.

ARTHUR C. MEIGS.

The Reminded Party thanks the Reminding Party and accepts all he says as true, but, dilatory, the Reminded has for some time needed the attention and care that the Reminder can well perform. Due to longevity of the shop hours, no tentative date has been attempted with the Reminder.

With thanks and a decaying tooth,

What About ADVANCE ESTIMATES?

By Frank H. Williams

A PATIENT will ask for a complete examination of his teeth and then will say something like this:

"I want an estimate of just how much it will cost me to have my teeth put in first-class condition. But I want to get out of it as cheaply as possible. If it is going to cost too much I won't have it all done at the present time. Now, look them over, but don't scare me to death."

In such cases the patient generally needs a complete overhauling. Sometimes plates are needed and it is evident, at even the first glance, that the work may run up to a considerable figure.

WHAT CAN YOU TELL PATIENTS?

What, then, should the dentist tell the patient? Should he attempt to give a complete estimate at once?

The dentist realizes that if he gives a complete advance estimate of the cost, two difficulties may develop. The first of these and the most important one is that the patient may become discouraged and may not have any work done by the dentist and may then go elsewhere, hoping for a better price from another dentist. Second, when

the work is nearly completed it may develop that other work is necessary which hasn't been included in the estimate and when the dentist suggests that this work should be done too, the patient may become angry. So this problem of what to do about advance estimates is something of a problem, especially when the patients demand complete and exact information.

INTERVIEWING DENTISTS

Of course, individual dentists have their own especial ways of handling this problem and it might be interesting and worthwhile to consider some of the methods used.

"When a patient asks for a complete advance estimate of the cost of putting all his mouth in good condition," said an enterprising Western dentist, "I always come right back at the patient with something like this:

"I can give you a rough advance estimate of what is needed but I can't tell, right now, just exactly all that may be necessary. As we get into the work we may find that some of your teeth need to be treated or there may be more cavities needing filling than appear on the surface. I can give you a rough estimate right now though and

we can hope that it will cover everything.'

"Then I look at the patient's teeth again and enumerate some of the things that must be done. And, finally, I give the patient an estimate which is higher than the amount I really think the work will cost. This covers extra work that may be necessary and often makes it unnecessary to ask the patient for more money than he has expected to pay and if no additional work develops it always makes a hit with the patient to find that he is getting off cheaper than he expected to.

FAMILIAR WITH FEES

"I do not hesitate about quoting estimates to patients, even though the sum may be quite high, because I feel that those patients who come to me are fairly familiar, in advance, with my fees because all new patients generally come to me on recommendations of former satisfied patients. And when one patient recommends me to another person, there is always considerable discussion of prices. Consequently I do not believe that my fees frighten the average patient because he has been prepared in advance through hearing about fees from folks who have already been here for work.

"I don't know what the experience of other dentists is but I find that I have practically no trouble with patients getting discouraged at the amount involved and going elsewhere or

not having the work done at all. I believe that the average patient who needs a lot of work, realizes fully what he is up against and has nerved himself, as you might say, to pay the cost whatever it may be."

Which is surely an interesting way of looking at the matter.

TEETH AND MOTOR CARS

Another dentist has this to say about the matter of advance estimates:

"Personally I'm in favor of advance estimates. It is the order of the day in all activities. When I take my automobile to the repair shop I always get information in advance as to just about how much the job is going to cost and I usually figure that it will run somewhat larger than the estimate. So when a patient asks for an advance estimate on a large amount of dental work, I generally call his attention to the way that repair shops make their advance estimates by saying something like this to him:

"'I'm always glad when a patient asks for an advance estimate of the cost of work. It's the way that business is conducted nowadays in repair shops and, you know, this is a "repair shop"—a dental repair shop. But you know from your experience with automobiles, that work sometimes runs smaller than estimated and sometimes larger. So I don't want you to consider my advance estimate as a firm and fast fixed price because it

is harder to tell in advance about the work necessary on teeth than it is to tell in advance about the work necessary on automobiles. You understand what I'm up against in trying to give you an accurate estimate, don't you?"

NO FUSS

"This always gets an affirmative reply from the average patient and so makes it much easier for me. And when I've had that sort of an advance understanding with a patient it is very seldom indeed that the patient raises a fuss when the work runs more than expected. Of course, the minute I find that the work is going to run over the estimate, I tell the patient at once so that he won't feel that I'm keeping anything from him. And it might be of interest to other dentists to know that when I do make an advance estimate of the cost of work for a patient I put the estimate right down on the patient's card so that I will have the information in case I need it. I never trust to my memory in anything so important to the average patient as the estimated cost of his dental work."

A rather different angle on

the matter was given by a younger dentist in this way:

"When a patient asks for an advance estimate, I kill two birds with one stone by saying something like this to him:

"I'm afraid your work is going to cost considerable. Let me make a suggestion to you about it which may make it seem less expensive. My suggestion is that you pay up for each sitting when through with it. In this way you'll have no big bill to meet when you are through and it will, therefore, seem much less expensive. Many of my patients do this and they say that it is a very satisfactory way indeed, especially when they are having a lot of work done."

MORE CASH PAYMENTS

"A really surprisingly large number of patients feel this is a good idea and they act on the suggestion. And, you see, this not only solves the advance estimate problem but also the question of payments. It helps to put my practise on more of a strictly cash basis. And that's a mighty good thing."

Perhaps you can get ideas and suggestions from this article that can be used to good advantage in your own office.



Social Activities at the A. D. A. Convention

THE Entertainment Committee for the American Dental Association meeting at Minneapolis has planned a series of very interesting social events.

MARIGOLD GARDENS

On Monday evening, August 20th, all members of the American Dental Association will gather together at Minneapolis' beautiful dancing palace—ten thousand square feet of dance floor space—two splendid orchestras playing simultaneously. Fifteen hundred couples can be accommodated on the floor at the same time—a modern ventilating system completely changing the air every three minutes and making a delightful, cool place to spend your time on this evening. Special entertainment, decorations, and music will make this a gala event from 9:00 p. m. to 1:00 a. m.

MINNESOTA THEATER

On Tuesday evening, August 21st, at 11:30 p. m., all members will convene at the beautifully appointed theater recently completed at a cost of two million dollars. The seating capacity is 4300. This is the fifth largest theater of its kind in America. Special features: Mr. Eddie Dunstedter, one of the most popular and versatile organists; spectacular stage show;

special and distinctive American Dental Association news reel; *first release* picture as well as one of the finest theater orchestras in the country. This is an exclusive American Dental Association event.

"DO AS YOU WILL NIGHT"

Wednesday evening, August 22nd, will give you an opportunity of doing as you will. Minneapolis offers many opportunities for satisfying all desires, whether they be outdoors or indoors and you will be furnished with a list of places of interest, amusement and entertainment.

PRESIDENT'S BALL

The entire mezzanine floor of the Hotel Radisson has been taken over for the President's Ball, on Thursday evening, August 23rd. Dancing in the artistic Gold Room and the brilliant Flame Room, each with its own individual orchestra. Lounges and recreation facilities in the Spanish and Italian Rooms. Midnight supper in the beautiful Chateau Room and the Teco Inn. This event is in honor of Dr. and Mrs. Volland.

FOR THE LADIES

Monday, August 20th, a Welcome Day Luncheon at the Leamington Hotel — musical features as well as a style show. In the evening dancing at the Marigold Gardens.

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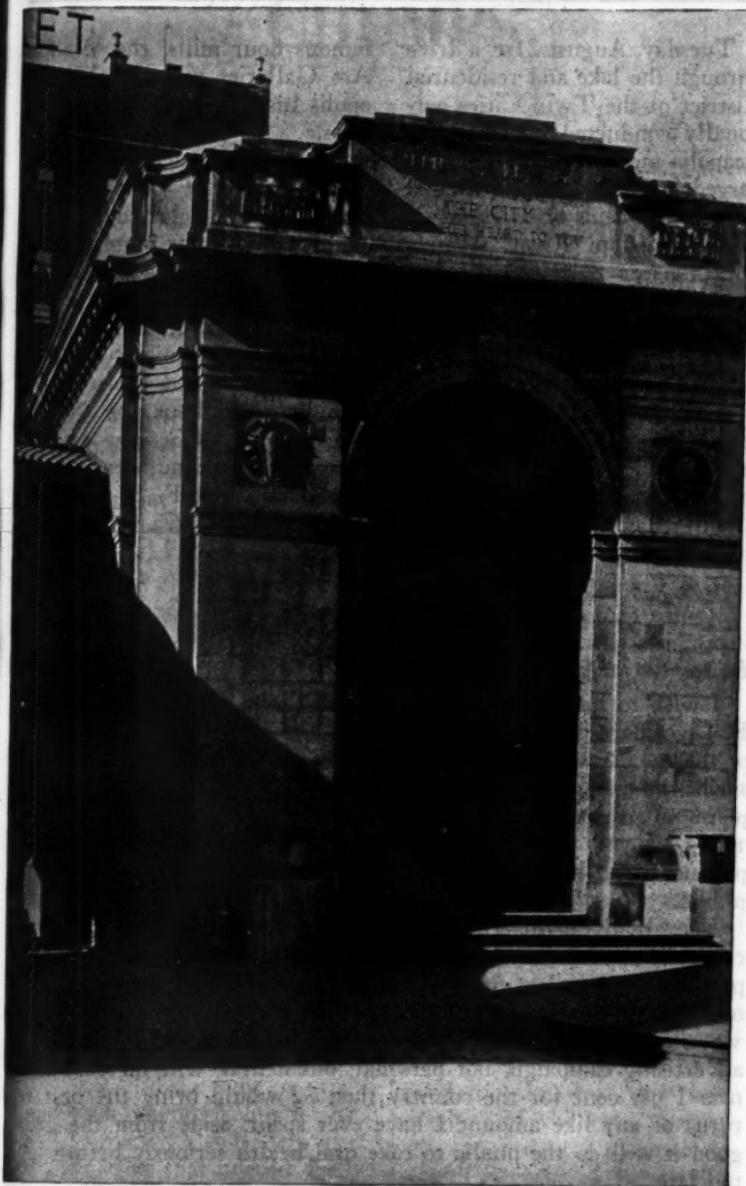
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ORAL HYGIENE

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-ORAL HYGIENE Photo—By Clarence Purchase

Minneapolis welcomes you. This picture shows the beautiful gateway to the city.

Tuesday, August 21st, a drive through the lake and residential district of the Twin Cities personally conducted by the Minneapolis motorcycle police. Tea served in the beautifully located University Club of St. Paul on the Mississippi River. Minnesota theater party in the late evening.

Wednesday, August 22nd, Lake Minnetonka Day. A drive around this picturesque body of water. At the exclusive Lafayette Club—luncheon at 12:30 p. m., with an afternoon of bridge with prizes.

Thursday, August 23rd, shopping tours; visits to the world-

famous flour mills, the Walker Art Galleries and the Minneapolis Institute of Art and other trips.

THE GENERAL SESSIONS

These are not to be cut and dried affairs. Selected musical numbers will be interspersed throughout the programs of the three sessions, viz.: Mr. Chandler Goldthwaite, internationally famous organist; Cecilian Quartette, mixed voices and known throughout the Northwest; Mrs. Corrinne Frank Bowen, one of our leading soloists and Mrs. F. B. Whinery of Iowa City, Iowa, a harpist of note.

Co-operative Advertising

Editor ORAL HYGIENE:

I wish to take this liberty to second the motion of Dr. Gilbert F. Livermore published in your March issue.* That each member of the A.D.A. and for that matter, non-members too who will subscribe, be assessed \$1 or better still \$2 each year to defray the expense of an American dental educational campaign. Call it advertising, if you will; it is advertising but of a very worthwhile product (oral health) that should be *sold* more strenuously to the public.

We are living in a very modern era in which all dentists are competitors of the car, radio and all other highly advertised modern products and unless the dear public can be convinced that their oral health is of more importance than a new (er) car, how can we expect them to buy dental services and pay for them? If an advertising campaign, not personal, but dental, will increase business 1 per cent for the country then \$2 would bring the best returns of any like amount I have ever spent, aside from the great good it will do the public to take oral health seriously before it is too late.

Again I want to second Dr. Livermore's proposal.

L. J. MORIARITY, D.D.S.

Watertown, S. Dak.

*ORAL HYGIENE, March, 1928, page 462.

"CHUMPS"

A Letter to Dr. Frank Fitzpatrick

DEAR DR. FITZPATRICK:

I have to start this by telling you that I have avidly read Part I* of "The Dentist in Three Tenses," and that I am more than interested in what is to follow. If the forthcoming two parts are as interesting as the first, why not make it "In Ten or Twenty Tenses?"

I most heartily agree that a great deal of nonsense has been written about the dentist, and of course, most of it is made possible by the chumps who are dentists, and the Association to which we belong. We have done so little in the way of educating the public to the thought that we are little more than fairly skilled artisans that a contemptuous attitude seems to be in order.

In your third paragraph, "The Actual Group," you have, to my way of thinking, nearly hit the nail on the head, but I would offer one suggestion, namely that we italicize or embrace with parenthesis your word "Scientific" in relation to the practitioners at the head of the profession. True enough, thank the Lord, some of the leaders are scientific, but let us not say that all the leaders are scientific, for that would lead to a tremendous distortion of the meaning of the word. We might better say, a small group

of successful practitioners at the head. That would pave the way for a classification of those few who have made a financial success of this dentistry, and who have not necessarily contributed to its welfare. You recognize this group, don't you? Your statement that the classification of groups carries a very flexible line of demarcation is quite true. I would classify myself among the average and probably down near the bottom, at that, but I hope that the time is not far distant when I may "progress" with the profession even if it is by the far-famed method of raising myself by my own boot-straps.

To be frank, do you think we have a great many opportunities to raise the standard of dentistry, which will of course, in some minute particle, raise our own standard? If your experiences have been the same as mine, you will have concluded that the number of men in this profession, or the medical profession who can lift it are few and far between. By this I mean, those who would be allowed to raise it if they were capable. Maybe in Pennsylvania your dental societies operate differently. I hope so! I have no particular fault to find with the idea of dental societies in general, but I am among the large group who have found

fault with some of the operative procedure; maybe it might better be called *modus operandi*. These faults have been accompanied, by me at least, with some constructive criticism to take the place of the article being discussed.

It is a habit which has grown with the years to confine the didactic and business part of the societies within very close bounds, and the idea of a "youngster" getting anything across is very humorous. Maybe this is very good, and stops a good deal of extraneous talk, but the subject is at least open to debate. So much for that. Regarding the paragraph labeled, "A Vague Discontent," I might say that many of us here have drawn away from the typical, and have been gifted with a spirit of introspection. Maybe that makes the fur rub the wrong way, because the powers that be seem to adhere tenaciously to the inflexible demarcation line, and you are either "made" or not made according as your political standing in the society dictates. The "affable gent" aspect is exceedingly good and true to life and shows that undoubtedly you know your man. His skill and success comparable with the corner grocer's is well taken and true to life.

Regarding that wound in the side of the profession, that six-letter blight on intelligence which has been labeled ethics, what else is it but what you have outlined, and probably you

had a laugh up your sleeve when you gave it that good a definition. I am an ethical practitioner, and proud of the fact, but not proud of it in the light in which it is held by the societies, though a member thereof. I prefer the dictionary definition, and think that I could very well be as ethical outside of the ranks as within.

If the A.D.A. has any broader view than that you stated they do not practice it, do they?

"Out of Harmony" paragraph is also good, and those of the profession whom I know intimately, who are of course very few, tend toward the misfit classification when it comes to up-to-dateness on non-dental subjects. Some of us, fortunately find a little time to keep informed, and of course throw out our chests because we know that the League of Nations is still in operation, or some other worth-while bit of information.

Regarding the "Deficiency" paragraph, I am quite sure that you are dead right, and that all of us, down deep in the hidden recesses of our anatomy, think as you have described, though some of us have experiences in our offices sometimes that would lead us to believe that maybe we are not as competent as we might be. Let us hope that the six-year men correct all our faults, and we will ride to prosperity on the tidal wave of a newer and a better dentistry (????).

I. M. SMITH, D.D.S.
Chicago, Ill.

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Facts and Fancies Down in Dixie

By Eddie Kells

Let Down the Bars

JUST the moment the little boy has reached the age of the commonest understanding, he is made to realize that some day he will be a big man like his daddy, and, like him, he will have to earn his own living. One might almost say that he is born with that notion in his head.

That he should look forward to being a fireman or a locomotive engineer, rather than the President of the United States, is but natural (who wouldn't?) and he should not be frowned upon for such ambitions—he will probably change his mind later on.

What about the dear little girl? Is she weaned with the idea that some day she'll have to earn her living? Hardly. Just as the little boy is born with the idea that he will have to work for a living, just so is the little girl born with the idea that some night a valiant knight will come and carry her off to his castle, and that she will live in splendor ever after.

Well, come to think of it, that valiant knight business might be going a little too strong, but the fact is, all the same, that she is born to get married and have some good

and true man *work for her*. Isn't that about right?

The *average girl* goes through the grammar grades, and then has to go to work to help support herself and perhaps her family too. She realizes that she doesn't absolutely need the three or four year high school course, because there are no end of chances for her employment without any further schooling.

Many of these girls then take a "business course," of a year or less, learn stenography and are out "upon their own," and in a position to earn a fair living.

Now let's suppose a case: One of these stenographers who turns out to have been an unusually bright girl, but who, from sheer force of circumstances, was prevented from going through "high," and had to go to work just as soon as she was old enough to do so, improves herself in every way as the years go on. She belongs to a refined family. Being thrown in daily contact, in the course of her work, with people of the better class, she just "nacherly" absorbs a certain amount of information that is "good to know"; she speaks and writes grammatically and is a good speller. Altogether she makes a

very good appearance, and what is better, her work is satisfactory to her employer.

Later on, she learns of the dental hygienist, and is ambitious to become one, and then she learns that she cannot enter college and take up the study, because she has no high school certificate.

Now let's see if this is altogether fair. Of what real value is a high school certificate? In many instances, absolutely none. A girl can just *skimp through*, and after she leaves school she spends her time with more or less uneducated people; she constantly hears bad grammar spoken, she herself spoke it all through her high school term.

She never reads anything of value. Were one to receive a letter from her, one would never dream that she possessed a high school certificate.

On the other hand, we find a young girl of inherent refinement, who was not able to go through "high," but who, by reading and night study and night schools, became proficient in many lines.

She speaks grammatically and her letters show her ability in spelling and composition, but she possesses no high school certificate and is thus automatically barred from entering many lines in which the absurd document is held to be a standard of mental equipment.

Are such requirements fair to the girl and fair to the public? Certainly not!

Would it not be much better all around if our schools for hygienists rescinded this requirement, and required every candidate to stand an examination upon certain subjects, say grammar, spelling, and certain other fundamentals?

If a girl could make such a creditable showing, what difference would it make as to when and where she obtained the education? That's what I'd like to know.

What *we* of the profession want in our dental hygienist is a certain amount of education, and "whatinell" does it matter to us whether the education was acquired in a high school or in a "low school" as long as it is possessed?

The great war was fought to make the "world safe for democracy." Well then, if an educated person is barred from certain lines of endeavor just because he or she does not possess *some certain thing*, which in no ways proves a qualification for that purpose, tell me where this war-made-safe-democracy comes in?

I just happen to know very well, and to have had for a patient, a man who was the president of a railroad company. He was one of the most popular men of our town, belonged to the best clubs. He was not ashamed to say that he started in as a brakeman on a railroad.

When he was elected to the presidency of the road, he was not asked to show his high

school certificate. Had that been necessary, he would not have been eligible to the position.

Here was a successful railroad president, who had received practically no education as a boy, but he "got it all the same" later on. His is but the story of many of our most successful men.

But what of a poor girl? Just because she was unfortunate during the first few years of her

life, she is given no chance!

Let the bars down. *Give the deserving girls a chance.*

[Editor's Comment:

Eddie Kells was right.

Forget the certificate and require of all students who wish to matriculate, an examination that will show fitness to enter a chosen profession.

Many of our Presidents didn't have such remarkable preliminary education.]

Dr. A. H. Ketcham Heads American Society of Orthodontists

Dr. Albert H. Ketcham, widely known Denver dentist, was elected president of the American Society of Orthodontists at the annual convention in session in Buffalo, N. Y.

At the same time the group of nationally prominent dentists paid Dr. Ketcham an additional compliment by selecting Colorado for their 1929 convention. Colorado Springs or Denver will be chosen by the convention committee, which also will decide on the exact dates in May for the meeting.

Dr. Ketcham came to Denver from Boston soon after he was graduated from the Boston Dental School in 1892. He is a former member of the faculty of the Denver University Dental School and is a member of the American, Colorado State and Denver dental societies, and the Pacific, Southwestern and Southern Societies of Orthodontists and the Rotary Club.

Health Booths

With the opening of Kennywood and West View Amusement Parks, near Pittsburgh, the "health booths" will resume their work of educating the public on the essentials of good health.

Through the co-operation of the Pennsylvania State Board of Health, the Odontological Society of Western Pennsylvania, the Park managements and the Pittsburgh district Dairy Council, a booth has been built in both of these amusement parks and has been equipped with the necessary apparatus for this work. A well qualified dental hygienist is in charge of each booth.

INTERNATIONAL Oral Hygiene

*By Chas. W. Barton
Overseas Editor*



GERMANY

Dr. F. Proell, Greifswald, comes to the conclusion that his experiments relative to the coloration of bone and tooth structures show biological function of the growing dentine only, but not of the tooth enamel. W. Meyer, Breslau, also comes to the conclusion that Gottlieb's opinion of the complete absence of all functional processes in the cementum of the tooth cannot be maintained any longer in view of recent evidence. *Vierteljahrsschrift fur Zahnbeilkunde* (Berlin), No. 4, 1927.

Dr. Kunert, of Breslau, holds that the research of Rose and Ragnar Berg, established beyond doubt that in the etiology of periodontoclasia the decisive factor is the lack of mineral salts, or rather the acidosis caused by lack of assimilable basic mineral salts as a result of modern faulty and deficient nutrition. Treatment and eradication of "atrophie alveolaris," therefore, must envisage other than local measures, and devote most careful attention to a correction of diet.—*Deutsche Zahnärztliche Wochenschrift*, No. 22 November, 1927.

FRANCE

In a very able report given to

the Congress of Stomatology on the oral hygiene and prophylaxis of childhood at home and at school Dr. Julien Tellier, Lyon, underlines the role which systemic disease plays in the etiology of dental decay. He opines that the fundamental predisposition to caries is manifest in lesions of the formative cells of the hard tooth tissues, in modification of the structure, and subsequently in functional troubles of the odontoblasts. Roughly speaking one may say that these lesions or these disturbances are due: 1. to disturbances of metabolism, i. e. to defective alimentation or nutrition: 2. to the action of infectious diseases: 3. to circulatory disturbances which are influenced by the vegetative nervous system, acting either directly or by way of the endocrine glands. — *La Semaine Dentaire*, Paris, No. 10, 1928.

GREAT BRITAIN

At a recent and very crowded meeting of dentists in London the opposition from the British Dental Association to the opening of dental clinics for people insured under the National Health Insurance Act was formulated in the following resolution: "That this meeting of dentists held at London on March 7th, 1928, strongly disapproves of

the establishment of dental clinics for the dental treatment of insured persons under the National Health Insurance Act, and especially condemns the proposal to set up an experimental clinic under the control of the Ministry of Health, believing that the clinic system is not in the best interests of the insured public, and that it is derogatory to the profession of dentistry."

Mr. Rilot's argumentation on the subject of these clinics is summarized in the following paragraphs: 1. that they cannot be run successfully without undue pressure being brought to bear on insured persons to attend the clinics; 2. that the present private practitioner service is, on the whole, satisfactory and efficient; 3. that clinics would not give, on the whole, a better or more economical service; 4. that the general institution of clinics would ruin many worthy practitioners.

ARMY DENTAL CORPS

Successful work has been performed by the Army Dental Corps since its institution in keeping a treatment record of all soldiers from the first inspection of teeth as recruits. The policy of continuous treatment of men from enlistment to discharge is to be continued with some improvement and extension by means of adding seven officers and nine other ranks at a cost of £6,000 this year. The establishment of regular officers is not yet full, and dentists are employed at contract rates for certain work. In the Army, in the Indian Establishment, and in the Royal Air Force, 144 dental officers are to be employed. The number of days of sickness due to the teeth shows a steady decline.

INDIA

In the annual report on the activities of the Calcutta Dental College and Hospital for the year of 1927-28, the seventh year of its existence, we read that 38 students had enrolled, 36 boys and 2 girls; an increase of three students over the preceding year.

The work which the Dental Hospital is doing for the alleviation of dental suffering amongst the poor people of the neighborhood is worth recording. From March, 1927, to February, 1928, the students under the supervision of the House Dental Surgeon, attended to the following cases: total number of out-patients, 2,987; dental operations, 142; fillings, 1,762; root canal treatments, 24; extractions, 5,018; artificial teeth supplied, 3,842.

"Although this dental hospital is not so well known, still on days when our students are otherwise occupied, we have to refuse reluctantly many poor patients. This phase of our activity needs encouragement and support from the public."

The munificent gift of the Board of Trustees of the Sir Currimbhoy Ibrahim Memorial Fund has made possible the inauguration of the first dental college and hospital in Bombay. On February 28th the opening ceremony was performed by Sir Leslie Wilson, the Governor of Bombay who expressed the hope that the study of the science of dentistry, though an ancient science in India which had fallen into oblivion, would now be restored to its proper position in Bombay to her citizens and particularly the poor.—*The Indian Dental Review*, March, 1928.

UNION OF SOUTH AFRICA

From a recent exchange of correspondence in the dental press of that country it would seem that the Union of South Africa can boast of but two municipal dental clinics, one in Pretoria and one at Port Elizabeth. There appears to be a difference in the constitution of these clinics, inasmuch as the Pretoria Clinic is run by the Pretoria Dental Society with a grant from the municipality, while the Port Elizabeth dental clinic is operated entirely by the municipality at their Child Welfare Center.

The Port Elizabeth dental clinic was opened in 1927, and shows the following record up to January 31st,

1928: Patients, 775; extractions, 3,859; fillings, 55; scalings, 14.

* * *

At the Conference of School Boards of the Cape Province, held at Port Elizabeth in December, 1927, the health of the school going child was discussed and many speakers took part in the debate. Dr. G. G. Gillie of the Education Advisory Committee said that after seeing children in other countries overseas he thought the children in this country were miserable in physique by comparison. He believed a great number of the South African children failed in their examinations because of poor health. He emphasized the essential necessity of children being interested in keeping their teeth in perfect repair. Cost what it may, means should be provided to have the school children medically inspected and kept healthy. If it meant the spending of a further £14,000 to look after the health of the children it was certainly worth trying. He moved: "That this conference wishes to impress on the Administration the necessity that all children attending our schools shall be physically and mentally healthy; is of opinion (a) that medical inspection must be extended to all children attending our schools; (b) that every child that needs it shall be medically treated; (c) that all children that need it shall be fed at school; (d) that the teeth of school children should be examined and attended to. The motion was adopted, and in the course of the discussion the Administrator expressed appreciation to physicians and dentists who, in certain places, treated scholars free of charge.—*The South African Dental Journal*, January-March, 1928.

BRAZIL

The first twenty-one Brazilian Dental Hygienists recently graduated in Rio de Janeiro, and were appropriately feted at a dinner and dance given in their honor under the chairmanship of Prof. Sebastião

Jordão, assisted by Dr. Barros Barroso.

* * *

The hygiene of mouth and teeth is becoming of an every-day greater interest to the daily newspapers of Brazil, particularly of Rio de Janeiro. *O Estado*, for instance, recently published a very intelligent essay on the vital necessity of oral hygiene for the betterment of the race; this paper considers that the very first step toward this end is to make dental service *obligatory* in all primary schools.

* * *

The establishment of a school dental clinic in the territory of Acre is hailed with delight by the Brazilian dental press, since the achievement is so much more praiseworthy as "the reflexes of civilization penetrate only with difficulty into such far away regions." The children's dental clinic, "Dr. Hugo Carneiro" is conducted under the direction of Dr. E. Bardier.—*Brasil Odontológico*, February, 1928.

The Dental Clinic of the São Paulo public schools had been closed for some time, the reason for this temporary closure being unknown. It was re-opened, however, on February 9th, and the news was received with great enthusiasm throughout dental circles. As the date coincided with the day of Saint Appolonia the São Paulo Dentists Association celebrated both events by public receptions, lectures and discourses.—*Revista Odontologica Brasileira* (São Paulo), February, 1928.

EGYPT

A new dental magazine made its appearance in March, *International Dentistry*, published "With governmental authorization" at 7 Nubar Pacha Street, Alexandria (Egypt). The editor and manager of this unique publication is L. G. Olympios, D.D.S.; his magazine is printed in four languages: Greek, French, English and Arabic. ORAL HYGIENE wishes the best of luck and success to this baby contemporary!

They Want Patients

Editor ORAL HYGIENE:

The article by Dr. Gilbert F. Livermore in your March issue* seems to me to be an answer to Dr. Kell's question, "What's the matter with the A.D.A.?"†

If anyone really wants to know one of the answers to that question, ask the secretary of the component society, the fellow whose job is to collect the dues and who has to "sell" the A.D.A. to a certain percentage of members every year. And we don't always sell 'em either because you can look at the records and see how many fellows "rejoin" only when they want to attend a state or National meeting.

Again, why do we have trouble in keeping the young man in the ranks? I am thinking of the graduate who joined the society at a reduced rate and then when next year's dues are payable, doesn't pay up and maybe is out for two or three years or never does come back.

Now for my answer to the above questions which I as a component secretary have found to be the only troubles I have.

First, they say the A.D.A. (and by those three letters they mean the American, State and local societies) don't do anything for the young man. What they want is practice. They are not interested in new technic, or reports of the different re-

search groups, or any discussion of chemical, physiological, biological or pathological questions. For the past four or five years they have had about all of that that they can assimilate and they want a rest; at least for a while.

What they want and need is patients so they can get the work and begin to meet the payments on their office equipment and college expenses.

Now what can the A.D.A. do to help them out? I refer you to the article by Dr. Livermore.

I would suggest that the A.D.A. write or have written a series of articles, written in plain understandable language and send these out to any component secretary who will make use of them. Some local groups are doing this very thing but only where the spirit of co-operation is nearly perfect, and the membership is large. The fellows in the smaller communities where there are only five to a dozen dentists cannot afford to do it.

How will these articles get to the public is the next question. The answer is: through your most progressive newspaper. I have no doubt in my mind that if a representative committee will call upon the editor of such a paper and show him what you have he will only be too glad to give you a half or full column once a week. Then a question

*ORAL HYGIENE, March, 1928, p. 462.

†ORAL HYGIENE, Jan., 1928, page 49.

and answer department could be established to run in conjunction and you would have an educational program that would go into every home where newspapers are read.

The A.D.A. can do this, should do it and will do it, I

am sure, if the members want it.

O. C. VOGELI, D.D.S.
Evansville, Ind.

(Editor's Note—*ORAL HYGIENE's "Your Teeth" Series* is available for newspaper publication, without charge. Particulars will be furnished by the publication office, 1117 Wolfendale St., Pittsburgh, Pa.)

A "Business Department" for Dental Colleges

Editor ORAL HYGIENE:

The police signify to the honest man a guarantee of safety against the many traps set for him by those shrewd and cunning persons who live by devious means.

Might not a successful D.D.S. of standing and experience appointed at the head of a "Business Department" at all our dental colleges signify to the graduating innocents a beacon to the right location? I sincerely believe that such a department devoted solely to location would help a great deal towards avoidance of the many terrible and pitiful experiences of those impecunious graduates with high motives, who have staked their all on location and "panned out" regrets.

Sincerely yours,

Bronx, N. Y.

S. H. SILVERMAN, D.D.S.

From a Reader in Belgrade

Editor ORAL HYGIENE:

It is over three years since I began receiving the valuable magazine *ORAL HYGIENE*. Being so far from U. S. and as the American student from Tufts College Dental School, Boston, I appreciate very much the value of *ORAL HYGIENE* which is able to bring me in contact with all new things that are appearing in dental practice.

Sincerely yours,

DR. HANA HOJANOVITCH POPOVITCH.

Beogradska 23, Belgrade, Yugoslavia.

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Vincent's Infection

By L. J. Moriarty, D.D.S.,
Watertown, South Dakota

Has anyone else ever noticed these things in treating this obstinate disease?

In the year 1896 Vincent discovered the Fusiform Bacillus in the throat and tonsils. But prior to 1914 the infection from this organism was rare in Europe and extremely rare in America. Perhaps this seeming rarity was due somewhat to a general lack of knowledge of the disease, but, apparently, there has been an increase in these infections in recent years. The general belief is that the spreading was due, to a great extent, to unsanitary conditions in the late war, as a marked increase was observed at that time.

Osler says, "What is known as Vincent's Angina is an acute febrile pseudo-membranous disease with a soft yellowish green exudate which if removed leaves a bleeding ulcer. The general symptoms may be severe and there may be swelling of the glands of the neck. There have been cases in which ulceration has even proceeded to destruc-

tion of the uvula and soft palate."

Cultural investigation has brought out these facts:

1. The dual organisms of Vincent's infection are in reality two forms of the same organism.

2. Vincent's organism is an anaerobe and lives best in a slightly acid medium.

3. The growth of the organism changes the environment so that it is self-limiting but not self-exterminating.

4. Of the dual organisms the fusiform is the more resistant, it will live but not multiply under aerobic conditions.

Acute Vincent's infection in the mouth is characterized by lesions of a grayish color covered with a false membrane of necrotic material which upon removal leaves a bleeding surface. Symptoms are pain, fever, malaise, headache, fatigue, nausea, salivation, and sometimes swelling of the cervical glands. In all cases there is a sweetish

putrid odor of the breath which, aside from microscopic findings, is one of the strongest diagnostic symptoms. The patient's coagulation time is usually lengthened, particularly in chronic cases.

A list of drugs used includes —silver nitrate, phenol, sodium perborate, 7 per cent chromic acid, iodine, Fowler's solution, wine of ipecac, Dakin's solution, methaline blue, tri-chloroacetic acid, formalin, cuprous sulphate, hydrogen peroxide, and neo-arsphenamin. My belief is that the fewer drugs one can use satisfactorily the better the treatment.

In treating this condition for the past four years I have adopted a standard procedure, which I find gives good results. My experience includes fifty-seven cases. In *The Journal of the American Dental Association* for December, 1926, Dr. Reichmann presented an article which was excellent. There are some observations I wish to present at this time to learn whether anyone else has noticed these points:

1. Most all cases have been in a more or less run down general condition, indicating that a poor condition of general health is conducive to local infections, or that this infection may have marked general effect.

2. Of the entire fifty-seven cases there was not one tobacco chewer. This may be a coincidence, but I would like to hear if any of you have had a case of true Vincent's infection in

the mouth of an habitual tobacco chewer.

3. I have never had a case of Vincent's infection in a mouth where there was normal occlusion. In nearly all cases the points where the disease began and had progressed furthest were the points of poorest occlusion; possibly due to the lack of cleansing by the normal food excursions, and to the already lowered resistance of these points.

4. In most cases there were no signs of the tooth brush or of oral hygiene in general. My cases were predominantly male cases. These two facts led me to conclude that the female is the more diligent in the practice of oral hygiene.

5. None of my cases were above 40 years of age leading me to believe that this is mainly a disease of the first half of life.

Treatment: After diagnosis I give the mouth a thorough spraying with the pressure spray using the following prescription which is by no means an original one with me:

Hydrogen peroxide..... 8 oz.
Wine of ipecac..... 6 drams.
Fowler's solution..... 10 drams.
Glycerine..... 10 drams.
Aquaæ puræ..... q, s, 16 fluid oz.

Have the patient return the following day and repeat the spraying. At each sitting do what cleaning can be done without too much pain. Continue this until the teeth are thoroughly cleaned, which can be done in from two to six days, depending upon the severity of

the case. Along with this office treatment I have the patient use the same prescription at least eight times daily, the oftener the better. In cases that extend into the throat (Vincent's angina) or on buccal tissues away from the teeth I use resorcinin, painted on with a swab, to good advantage. Another point is that all reparative work must be thoroughly done before a case can be dismissed as cured. All overhanging crowns, fillings and poorly fitted unsanitary bridges must be corrected. Always correct traumatic occlusion as much as possible. As soon as the teeth are well cleaned the gums should be blocked off with cotton rolls, dried and 7 per cent chromic acid applied to affected parts. This with the spray treatment and home treatment are continued until all

signs have disappeared. Then the patient is dismissed with instructions to use the prescription for two weeks, three times a day, along with thorough cleaning with the tooth brush. My reason for using the prescription for two weeks after the apparent cure is that some of the bacilli will often be rendered dormant but not killed. Two weeks in my hands has proven sufficient, except in cases where the patient stopped treatment voluntarily.

My conclusions are that oxygen in the form of hydrogen peroxide together with thorough cleaning; needed extraction, reparative work and the correction, as far as possible, of traumatic occlusion are the main factors of treatment of Vincent's infection.

THE COVER

This month's cover is from the original painting by Henry Hintermeister, entitled "The Trysting Place."

This picture bears eloquent testimony to the versatility of the artist. Mr. Hintermeister has few equals in his chosen field, for in all his work will be found rare judgment of line, harmony of color and exactness of composition.

Against the background glowing with Spring's fresh loveliness, the titian-haired beauty keeps the tryst. The portrayal is excellent in its sympathetic understanding and appreciation of sentiment.

ORAL HYGIENE'S Library Table—

**Books reviewed
for busy
readers**



"Folklore of the Teeth"

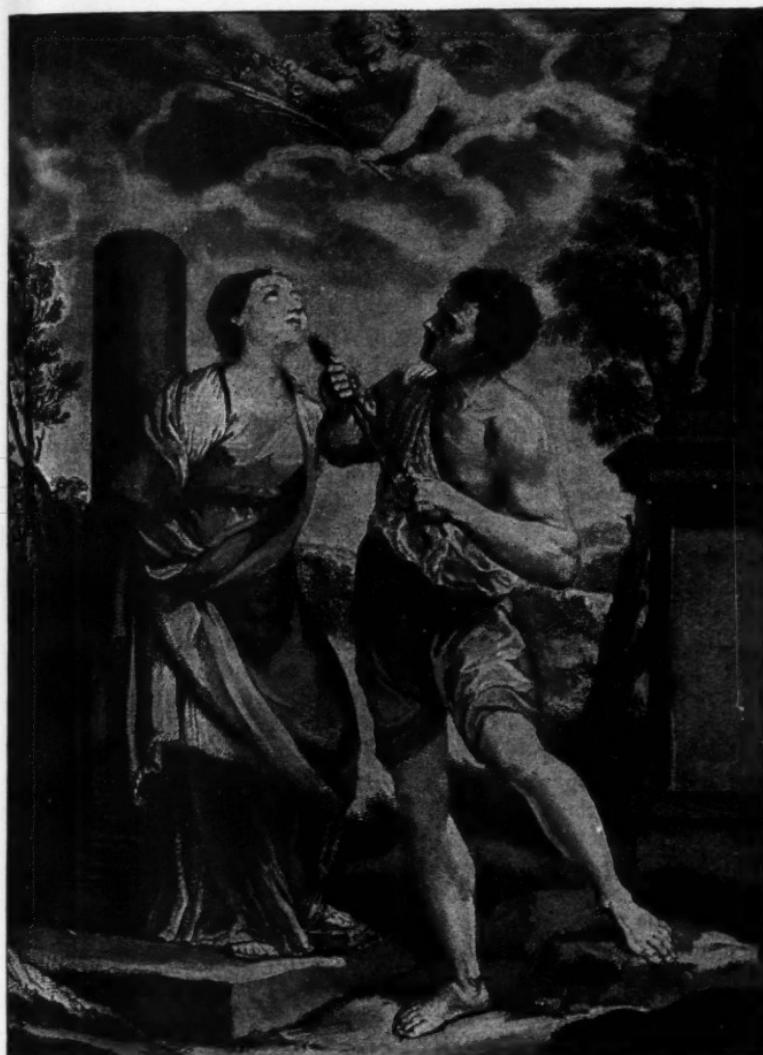
REVIEWED BY MAX J. HERZBERG

DENTISTS will find both profit and pleasure in Dr. Leo Kanner's book, "Folklore of the Teeth," just published by the Macmillan Company. In the 316 pages of this volume has been gathered an amazing amount of information, carefully arranged by a systematic mind. Parts of Dr. Kanner's book have already been published in the form of magazine articles in various American and German periodicals. While dentists will be amused by much in these pages, they ought also to discover here the origin of some of those psychological obstacles that make the treatment of patients more difficult; and to that extent the book is more than an occupation for leisure moments.

Dr. Kanner tells the story of a man who was asked to tell which, in his opinion, was the most widely distributed occupa-

tion. Without hesitation, he replied that there are more dentists in this world than representatives of any other vocation. When challenged to prove his statement, he tied a handkerchief round his face and sat down at the entrance of a well frequented church on a great holiday, sighing and moaning and pretending to have a terrible toothache. Everybody who entered the church stopped at the sight of the alleged sufferer and gave him advice as to what he should do to be relieved from his pain. On this occasion he not only demonstrated the truth of his assertion, but he also became aware of the fact that he had received from people as many different recipes and prescriptions as there were advisers.

There are, indeed, innumerable superstitions, Dr. Kanner shows, not only as to toothache but as to the teeth generally. He quotes one authority, moreover, to substantiate his story. In Styria, according to Fossel, there are not less than thirteen



*The Martyrdom of Saint Apollonia
Painted by Flaminio Torre (1621-1661). Original at the
picture gallery in Dresden.*

(From Kanner's Folklore of the Teeth, by permission of The Macmillan Company, Publishers).

types of persons who take care of aching teeth: the peasant doctor, his wife, the midwife,

the bonesetter, the chirurgeon, the tooth-drawer, the smith, the flayer, those who bleed and cup,



*Imitation jaw of white wax,
offered as a sacrifice.*

(From Kanner's *Folklore of the Teeth*, by permission of The Macmillan Company, Publishers).

the faith healer, the storekeeper, the pharmacist, and the minister.

Dr. Kanner has arranged his material under six heads. His first section is concerned with superstitions relating to the number, shape, and eruption of the teeth. Among his topics in this section are the time of eruption, teeth believed to be originally of gold, the therapy of dentition as seen by the *mobile vulgus*, the appearance of the first tooth, and the fate of the cast milk teeth. Part II of the book deals with popular dental hygiene—the general appreciation of healthy teeth, the use of such substances as mastic and bethel, and the folklore and cultural history of the toothpick and the toothbrush. Of course Dr. Kanner makes it clear in this section that not all popular notions are baseless.

Toothache and its cure is the subject of Part III, and it is the most extensive section of the book.

Dr. Kanner discusses general conceptions as to the toothache and makes a clear division of the various popular treatments of this type of pain—the plant treatment of toothache, the role of animals in the treatment of toothache, the treatment of toothache with human organs and secretions, inorganic toothache remedies, written and spoken charms against toothache, the role of St. Appollonia as the patroness of toothache, the transference of toothache from the sufferer to some other object, dental surgery, and dental technique. In this part of the book Dr. Kanner gives, practically, a history of the treatment of toothache by the human race.

As all students of anthropology are aware, the teeth have played a large part in folklore quite aside from their use in connection with food or with their treatment when diseased. The next section of Dr. Kanner's book deals, therefore, with what he sums up as "the artificial deformation of the teeth"—their removal for non-therapeutic reasons, the pointing of teeth, the production of dental prongs and notches, the amputation of the crown, the production of black teeth and of red teeth, the decoration of the teeth with inlays, and the production of that strangest of phe-

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*Neck ornament made of carved boar's tusks
Northern New Hebrides.*

(From Kanner's Folklore of the Teeth, by permission of The Macmillan Company, Publishers).

nomena—artificial prognathism.

How teeth are used outside the oral cavity is a topic next considered by Dr. Kanner. He describes the use of teeth as tools and medical instruments, as drugs, amulets, and charms; as relics and souvenirs, and as jewelry. It is by no means

among savages only that teeth are employed in these ways.

The final section of the book is of miscellaneous character. Herein a bibliography and a glossary are provided; and in a chapter called "Appendages" are given interesting explanations of various popular expres-



Bohemian toothache charm.

(From Kanner's *Folklore of the Teeth*, by permission of The Macmillan Company, Publishers).

sions in which the teeth figure—"to show one's teeth," for example; "hen's teeth," "celestial dentists," such as some students of psychic phenomena speak of; "the teeth of gods," the use of the teeth as gestures, stories as to dragons' teeth, the loss of teeth in dreams, the teeth and married life, etc.

Traditions, proverbs, folk-songs, legends, charms, invocations, prayers, stories, and so on show the great mystery which has attached to the teeth in all ages, among all kinds of people, in all grades of civilization. "A diamond is not so precious as a tooth," said Cervantes in "Don Quixote"; and it is axiomatic, one may conclude from these pages, that where there is a slightest trace of civilization, there is also some form of dental hygiene. It is true, of course, that systematic sanitation of the oral cavity is an acquisition of our modern times, but it is just as true that even in the oldest period of history a perfect row of snow-white teeth was considered one of the most important postulates of beauty.

One of the outstanding mysteries of folklore, just as puzzling when one examines the superstitions relating to the teeth as in any other realm, is the fact that the same ideas and the same customs occur in various races who have, apparently, never come in contact with one another, do not know of the existence of the other, and differ entirely in color, surroundings, and culture. Anthropologists, of course, fall into two great and bitterly quarreling schools as to this mystery, one school insisting that all customs originate at a given center and are thence disseminated all over the world; the other school laying down the rule that a similar environment will produce similar customs.

A striking example of this similarity of belief is the fate of the cast deciduous teeth. Disregarding a few minor modifications, one may state that at any time as far as the history of mankind can be traced, at any epoch of civilization, and at any place in which men live, very



The inlaid teeth of the Campeche skull.

(From Kanner's *Folklore of the Teeth*, by permission of The Macmillan Company, Publishers).



*Neck ornament made of cuscus teeth, Gazell Peninsula,
New Britain, Melanesia.*

(From Kanner's *Folklore of the Teeth*, by permission of The Macmillan Company, Publishers).

definite rules were (and are) observed regarding the disposal of children's shed milk teeth. The eruption of the permanent set, its whiteness, strength, and health, are all believed to be dependent upon the precise execu-

tion of these traditional prescriptions. Even civilized mothers continue to observe these rules, however free from superstition they may be in other respects. The basic act is this:

If a milk tooth falls out, the

† Jab † Crason † Crapson
Corpanisis † Cornobion †

Jab † †
†

Swiss toothache charm.

(From Kanner's Folklore of the Teeth, by permission of The Macmillan Company, Publishers).

child is supposed to throw it away over its shoulder backward, or over a roof, or into a mouse-hole; or it is supposed to ask a mouse or a rat or a squirrel or a fox or some other animal to take the tooth and give the child a better one instead.

The Maori mother of New Zealand sings for example this song:

"Sprouting seed, sprout,
Sprout, that you may come
To see the moon now full;
Come, you sprouting seed,
Let the teeth of the man
Be given to the rat,
And the rat's teeth
To the man!"

It is by no means insignificant, according to folklore belief, for one to know on what day of the week one should have teeth extracted. An English schedule gives the therapeutic and social values as follows:

On Monday, approaching sadness;
On Tuesday, legacy from a distant relative;
On Wednesday, loss and shame;
On Thursday, success in business;
On Friday, confusion in affairs;
On Saturday, discovery of a secret;
On Sunday, a love quarrel.

Dr. Kanner quotes the story of a "sorceress," in business as late as 1914, who advised a woman consulting her on how to cure a toothache that she was to take a foot-bath before sunrise, pour out the water after sunset, and read these words inscribed on a piece of paper: "When the evening glow decreases, toothache ceases." This might perhaps be described as an instance of "loco" anesthesia.

"Dental Health"

One book that the hygiene worker cannot "carry on" without is "Dental Health and Prevention of Disease" compiled and published by C. Tyree, D.D.S., the National Bank Building, London, Kentucky.

The illustrations are just what the lecturer needs. The pictures are so graphic that they can either be shown by the lantern directly from the page of the book or can easily be drawn as charts by anyone with a little art training. The text is clear and dependable.

The subject matter is well selected and admirably adapted to the use of those who speak before hygiene conferences, parent-teachers' associations, schools and clubs. The book sells for \$2.50 and may be ordered direct from Dr. Tyree.



"Ask ORAL HYGIENE"

Conducted by V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Bldg., Denver, Colo.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

BLEEDING GUMS

Q.—I have two cases of bleeding gums that I cannot correct. I have scaled, polished, massaged and instituted proper toothbrush exercises to no avail. The high school boy, 18, in addition has considerable recession labially on lower centrals, otherwise nothing but bleeding gums. The girl, 20, has white patches developing at gingival; this came to my notice for the first time two years ago. This process is still going on.—J.V.L.

A.—The high school boy probably has a malocclusion resulting in traumatic occlusion which is partly responsible for the bleeding and the absorption of the alveolar crest (recession). I would also suggest an examination for Vincent's organisms.

In the girl of twenty the white patches might be leukoplakia, although this is an unusual age as well as an unusual location for them. A microscopic examination of a specimen of the tissue would be wise.—G. R. Warner.

LECTURES

Q.—Could you please inform me as to where I could purchase, borrow, steal or otherwise get material to aid one in giving lectures before schools, parent-teacher associations, etc.?—G.W.N.

A.—The Public Education Department of the American Dental Association can and will gladly supply you with the necessary equipment and material for this purpose. Just address Dr. C. N. Johnson, editor of *The Journal of the Ameri-*

can Dental Association, 58 East Washington St., Chicago, Ill. — G. R. Warner.

CAN YOU HELP?

Q.—I have followed your columns for some time past in the *Digest* and now in *ORAL HYGIENE* and would appreciate your opinion in the following case: Mrs. B., age 51, passed physical examination at Cornell Medical College as a perfect specimen. Endentulous mouth, all teeth having been removed in 1924. First upper and lower appliances made in 1926, a full two years after extractions. To date I have made three uppers and four lowers. Mouth completely radiographed twice. All dentures *burn* and cause a general soreness. All act the same. Pressure has been relieved at nerve foramen. Plates seem to fit well. Suction excellent with upper and good retention on lower. It is a uniformly good mouth. Last set was made one year after preceding sets and in the upper shows a deeper and higher arch, instead of a more shallow one if a change was to take place at all in such a short period. Last lower shows a longer arch by $\frac{1}{2}$ inch over previous impressions. What are your suggestions?—P.T.P.

A.—We will publish this question in an early issue of *ORAL HYGIENE* with the earnest request, that any of our readers who may have helpful ideas or information on this subject will do us the favor of contributing them, for I am free to confess that this type of case has given me more difficulty than any other one thing during the twenty

years that I have been paying particular attention to denture construction.

I would recommend a change to metal bases, preferably gold. Relieve generously for pressure over the areas of the anterior palatine and both mental canals. The resilient tissue is so deep over the posterior palatine canal that relief of pressure is not necessary, and, in fact, for the purpose of providing a post dam seal the reverse or scraping of the cast is indicated in this area.—V. C. Smedley.

HUMANITARIAN

Q.—I have been in practice four years and have decided to specialize in something. As I don't know what is a worth-while paying specialty, I would more than appreciate your suggestion.—R.C.

A.—If Dr. Warner and I interpret your letter correctly, it would appear that you have decided to specialize because you think you can make more money by so doing, and you wish to choose for your specialty the branch of dentistry in which the most money can be made regardless of your ability or adaptability to any one of the several divisions into which the practice of dentistry may naturally be divided.

If making money is your prime object, you had better get out of dentistry, or at least had best never have gotten into dentistry. Our calling is primarily and essentially humanitarian—we are public servants, and the only justifiable reason for our existence is our ability to be of service to our fellow men.

If you feel that you can render a more valuable service to humanity by concentrating your ideals, your skill, and ability upon some particular specialty of dentistry, the thing that you should do is to analyze yourself to determine the particular field in which you are best fitted to excel and in which you would be most apt to be able to develop the highest degree of enthusiasm and skill.

You need not worry about your compensation being sufficient whether you remain in general dentistry or concentrate on a specialty if you hold the thought of service to your fellowmen uppermost in your mind, and consequently develop your knowledge and skill to the highest degree attainable. When you have made yourself outstanding in your ability to render a high type of service, your services will be sought to such an extent that you can make your fees as high as your business ability and sense of justice will permit you to do. There is not necessarily more money to be made in one branch of dentistry than in another. The difference is in your ability to serve exceptionally well and to convince your patients that you are rendering them services worthy of adequate fees.—V. C. Smedley.

PAINS IN HEAD

Q.—I am enclosing two x-rays of the same area. I extracted these teeth about three years ago, the reason being pains in the head. The first molar abscessed and antrum was involved. I irrigated this and packed with iodoform gauze; patient improved for a time and then had the same pains in her head. She had an operation on her nose, removing some obstruction in left nostril. But still she has headaches, and pain in back of head. I had this area x-rayed last week and would like to have a report of what you find. When these teeth were extracted no roots broke but second bicuspid showed absorption. Now her first bicuspid test 12 with vitality tester and cuspid no vitality. When I placed gold inlays on these they were vital. The nose doctor tells her that it is not her teeth and her sinuses are clear now.—J.A.L.

A.—The radiograms enclosed in your letter show an apparently normal edentulous area posterior to the first bicuspid. The first bicuspid has decay under the inlay and the cuspid is apparently in traumatic oc-

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elusion with calcic deposits in the pulp; it is possible that the first bicuspid is also in traumatic occlusion. I believe the reason for the cuspid testing negative is the calcic deposits in the pulp which may possibly have resulted in its death, although it does not have the classical periapical condition of a pulpless tooth.

There are so many things which might cause the pains in the head it would seem unwise for you to take responsibility for them from the dental standpoint if you have cleared up every possible dental lesion.—G. R. Warner.

TURN BACK GUM FLAP

Q.—Will you kindly advise me as to the treatment necessary for this cyst case, of which I am enclosing x-rays and report?

Patient, male, age about 45-50, had a fixed bridge extending from molar to second bicuspid, for six or seven years. He has never had any pain or discomfort, except for a hole in the anterior crown, making the tooth slightly sensitive to sweets.

I took the bridge off, intending to make a new one. The abutment teeth are under treatment and comfortable.—L.H.I.

A.—Would say that the radiographic diagnosis seems to me in accord with the conditions as shown in the radiograms.

There is no question about the treatment of the cystic area around the first bicuspid root. This should be extracted and the area thoroughly curetted. What appears to be a cystic area in the region formerly occupied by the roots of the first and second molars might possibly be radiolucence, because of the loss of one of the alveolar plates. However, it is not safe to assume this, therefore you should turn back a good big gum flap, open up the area and if cystic in character evacuate, curette and then pack daily with gauze packs, decreasing the size of the packs until the whole area has filled in with new tissue.—G. R. Warner.

SENSITIVE TEETH

Q.—Will you kindly advise me as to the course of treatment you would prescribe for a woman patient, aged twenty-five years, whose teeth have become very sensitive in the last three or four months? The gums are apparently healthy; x-rays show no bone destruction. The patient is dieting and uses about a quart of buttermilk daily, with very little other nutrition.—E.R.I.

A.—It would seem probable that the hyper-sensitivity of the teeth of your patient is due to the buttermilk diet and in all probability when she is back again on the normal diet the sensitiveness will disappear. In the meantime you can help to overcome this by applying the following prescription immediately under the marginal gingiva:

Zinc Chloride.....	3 111
Tr. Iodine	3 111
Aqua Dest.	3 111
M. Sig. Apply to sensitive areas.—G. R. Warner.	

DENSE BONE

Q.—I am enclosing a radiograph of lower left bicuspid area, wherein the patient, about 35 years of age, is positive that the second bicuspid was extracted. Yet, on this film we have what I suspect to be an unerupted bicuspid. The molar tooth is vital and there are no pains in this region, whatever. I am asking what you would suspect is located in this area.—W.G.T.

A.—The area in the alveolar bone in the region of the former second bicuspid is simply what is known as condensing osteitis. It is probable that the second bicuspid was infected and that in extracting the socket wasn't thoroughly curetted and the residual infection has expressed itself by the deposition of lime salts. It is also possible that the root of the second bicuspid was resorbed and the socket filled in with the dense bone following the resorption of the root.—G. R. Warner.



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

Education Combined

There are some who feel that Dentistry should separate as far as possible from Medicine and there are some who feel that Dentistry and Medicine should be re-united: there are others, many of them, who feel that both Dentistry and Medicine are absolutely necessary for the public welfare but that their complete separation prevents the mutual understanding and fellowship that would enhance their co-ordinate value. Those last two big words mean that good team work would produce better results.

The most successful exponent of the latter group was the late Dr. Holmes C. Jackson, Dean of the College of Dentistry, University of New York.

Dr. Jackson who was neither a dentist nor a physician, reached the conclusion after careful study, that Dentistry, while maintaining its independence, should be considered a branch of Medicine. Being an educator, this line of thought naturally led him to the conclusion that dental students should have the same preliminary training as medical students and that they should have a broad and usable knowledge of the principles of medicine, particularly of those systemic diseases into which dental and oral pathology enter.

Dr. Jackson reorganized the laboratory courses of the New York College of Dentistry making them practically one with the Medical School of the New

Editorial Comment

York University. In this he made a distinct step forward. A step which must eventually be followed by other Schools of Dentistry that are university departments.

The laboratory courses are the "back-bone" of Medical and Dental Science. There is no such thing as one kind of scientific truth in regard to the human body for one profession and another kind of scientific truth for another profession. The truths of anatomy, physiology, pathology, chemistry, bacteriology, pharmacology, and physics are the same the world over. Why maintain two expensive laboratory equipments in the same university to teach identical subjects?

There is no difference in the general scientific foundations of Dentistry and Medicine. Let us hope that the system inaugurated by Dr. Jackson may be widely followed so that practice may be more rational and that research may be more accurate.

Light and Dark

Our old friend Will Cameron, Dr. Cameron of the famous little illuminators, is starting upon an exploration trip into the "Dark Continent."

The idea is not to light up the darker portion of Africa but to look into the anthropology of the district with a view to fixing the location of the cradle of mankind. In the area to be explored by Dr. Cameron and his party, there is a fine assortment of black savages. Every shade from midnight to early dawn. The oldest ones are the dirtiest. They have done a great deal for missionaries in the way of barbecues.

Anyway the Cameron expedition will try to look over the primitive races in the hope of finding yet

more primitive ones—and then maybe some trace of when the prehensile tails of our remote ancestors dropped off—whether they just separated voluntarily like tadpole tails or had to be divorced.

Some wonderful stories and pictures and specimens will be brought back. We all envy Dr. Cameron his trip and when he returns he should be the headliner for interesting dental meetings for a long time to come.

Memory

Once when the forests covered the world,
An anthropoid ape from his nest uncurled:
Remembered that yesterday he thought out a plan,
To develop his mind and become a man.

It occurred to him that information,
Would raise him from his lowly station.
He knew that monkeys, when they go to sleep,
Forget the things their minds should keep.

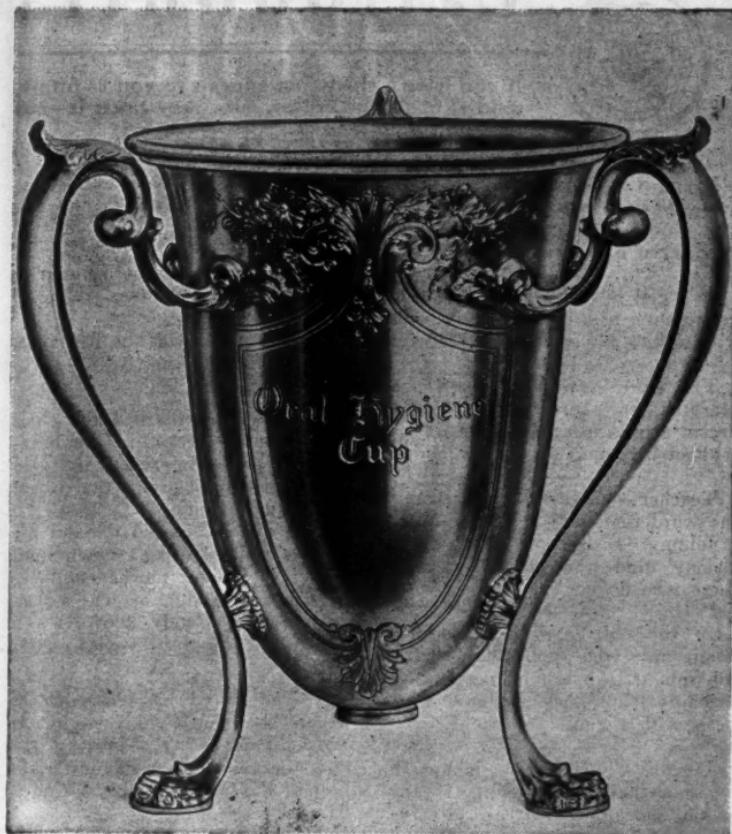
If thoughts of the past are lost at night,
The mind cannot develop right.
As he swung through the forest from limb to limb,
He tried to remember what had happened to him.

It seemed that once he had a terrible fright,
When he slipped in the top of a tree at night,
And sped toward the earth like a cannon ball,
Till he caught a limb and stopped his fall.

This made a fissure in his smooth little brain,
That reminded him not to slip again.
As experience multiplied, memory grew
And soon he remembered many things new.

Proving the thoughts that have gone before,
Are strong foundations for building up more.
MEMORY, it is easy to see,
Brought our ancestors down from the tree.

—Rea Proctor McGee.



Some lucky golfer will win this big Oral Hygiene Cup at the A.D.A. convention in Minneapolis this month.

Laffodontia



more

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Druggist—"What kind of a tooth brush do you want, madam?"

Customer—"A strong yun—dar bane seven in my familee."

If a girl is really clever she can get so close to a man that when he tries to kiss her she can't get away.

The more New York plays are censored, the harder it is for a decent actress to earn a bare living without becoming an artist's model.

Teacher—"Give a sentence using the word diadem."

Johnny—"People who drink 'moony' diadem sight quicker than those who do not."

In the old days they made a young man who applied for a bank job submit to a test on the adding machine. Now they see how good he is with a gun.

Doctor—"This lecture is apt to be somewhat embarrassing. If any of the men or women care to leave they may."

Dent—(in rear of room): "Doctor, may I invite some of my friends?"

Getting the baby to sleep is hardest when she is about eighteen.

"Why did you kiss that police-woman?"

"I couldn't resist an officer."

"What have you a knot in your handkerchief for?"

"My wife put it there to remind me to post a letter."

"And have you done so?"

"She forgot to give it to me."

He—"You've been out with worse looking fellows than I am, haven't you?"

No answer.

He—"I say you've been out with worse looking fellows than I, haven't you?"

She—"I heard you the first time. I was trying to think!"

Slowly he approached the chair where she half reclined. How beautiful she was. Hair like spun gold—and full-length profile that would put Venus to shame.

Suddenly she looked up and her eyes met his. He bent down until their faces almost touched and—

Yes, dear reader, he was a dentist, as you already know—but it wasn't office hours.

Al had wired his wife that he would be home Friday night. At midnight he hadn't shown up. His wife became nervous and wired four of the Ohio branches asking if Al was staying there.

At about six in the morning Al came home, clothes wet and muddy, having had to change tires and fix several punctures. Shortly afterwards, telegrams began to come in. They all read: "Yes, Al is staying here tonight."

"It ain't so much people's ignorance that does the harm as their knowing so many things that ain't so."

Willis—"Have you got one of these home refrigeration plants?"

Gillis: "You bet; and I've got a whistle on it, too, to razz the ice-man when he goes by."